

# REQUEST FOR REVERSE PAYMENT (VOID)

<b>Bus. Area</b>
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<b>Pers. No</b>	<b>FI</b>	<b>MI</b>	<b>Last Name</b>
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<b>Amount</b>		<b>Period Begin Date</b>		<b>Payment Date</b>
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<b>Warrant Number</b>
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Reason for Void/Reversal

Ripped during printing  
Printed Incorrectly  
Distroyed/Unusable  
Stolen  
Incorrect lot inserted  
Reverse Check Payment  
Check voided after printing  
Direct Deposit-Incorrect Bank Account Number  
Direct Deposit-Bank account closed  
Reported lost

\*Attach warrant if available

<b>Signature</b>	<b>Date</b>	<b>Telephone</b>
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